



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, D.C. 20009

REPORT OF RECEIPTS AND EXPENDITURES
FOR CANDIDATES, PRINCIPAL CAMPAIGN OR POLITICAL COMMITTEES,
POLITICAL ACTION COMMITTEES, INDEPENDENT EXPENDITURE COMMITTEES

SUMMARY PAGE

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Alpha Bah Esquire For Mayor	2. OCF Identification Number PCCMYR186886
Address 641 S Street, NW	3. Is this report an Amendment? (Yes or No) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, State and Zip Code Washington, DC 20001	

4. TYPE OF REPORT: **July 31st Report**

This REPORT contains activity for: **Primary Election**

SUMMARY	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE TO-DATE
5. Covering Period 2/1/2017 through 7/31/2017		
6. (a) Cash on Hand (January 31 Year End Report Only)		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts [from Line (16)]	\$ 6,201.80	\$ 6,201.80
(d) Subtotal [add Lines 6(b) and 6(c) for Column A]	\$ 6,201.80	
7. Total Expenditures (from Line 22)	\$ 6,189.86	\$ 6,189.86
8. Cash on Hand at Close of Reporting Period [subtract Line 7 from Line 6(d)]	\$ 11.94	
9. Debts and Obligations Owed BY the Committee or the Candidate (itemize all on Schedule D)	\$ 0.00	\$ 0.00
10. (a) Loans Owed By the Committee to the Candidate (itemize all on Schedule E)	\$ 0.00	\$ 0.00
(b) Loans from other sources made to the Committee (itemize all on Schedule E-1)	\$ 4,000.00	\$ 4,000.00

CERTIFICATIONS/OATHS AND AFFIRMATIONS OF FILERS OF REPORTS OF RECEIPTS AND EXPENDITURES

(1) OATH OR AFFIRMATION OF CANDIDATE IF FILING

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY, THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT I USED ALL REASONABLE DUE DILIGENCE TO ENSURE THAT I AND THE POLITICAL COMMITTEES AFFILIATED/AUTHORIZED BY MY CAMPAIGN ARE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF THE DISTRICT OF COLUMBIA CAMPAIGN FINANCE ACT OF 2011, AND HAVE ADVISED ALL CONTRIBUTORS OF THE OBLIGATIONS IMPOSED ON CONTRIBUTORS BY THE CAMPAIGN FINANCE ACT.

TYPE OR PRINT FULL NAME OF CANDIDATE

SIGNATURE OF CANDIDATE

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(2) OATH OR AFFIRMATION OF COMMITTEE TREASURER

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.

Ms. Nia Duggins

TYPE OR PRINT FULL NAME OF TREASURER

ELECTRONICALLY CERTIFIED

08/17/2017

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(3) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF INDEPENDENT EXPENDITURE COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE COMMITTEE HAS MADE NO CONTRIBUTIONS OR TRANSFER OF FUNDS TO ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL ACTION COMMITTEE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(4) OATH OR AFFIRMATION OF COMMITTEE TREASURER OF POLITICAL ACTION COMMITTEE

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE AND COMPLETE; AND I FURTHER SWEAR OR AFFIRM THAT THE CONTRIBUTIONS RECEIVED BY THE COMMITTEE AND THE EXPENDITURES MADE HAVE NOT BEEN CONTROLLED OR DIRECTED BY ANY PUBLIC OFFICIAL OR CANDIDATE, ANY POLITICAL COMMITTEE, OR ANY POLITICAL PARTY.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND EXPENDITURES
OCF Form 16, Page 2**

1. Full Name of Committee (Name of Candidate, if Candidate is reporting) Alpha Bah Esquire For Mayor	REPORT COVERING THE PERIOD FROM: 2/1/2017 TO: 7/31/2017	
I. RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B CUMULATIVE T0-DATE CUMULATIVE YEAR-TO-DATE
11. CONTRIBUTIONS (OTHER THAN LOANS) FROM:		
(a) Individuals/Organizations Other Than Political Committees (Schedule A)	\$ 1,940.00	\$ 1,940.00 11(a)
(b) Political Party Committees (Schedule A-1)	\$ 0.00	\$ 0.00 11(b)
(c) Political Committees Other than Pol. Comms. Authorized by the same Candidate (Schedule A-2)	\$ 0.00	\$ 0.00 11(c)
(d) The Candidate (Schedule A-3)	\$ 261.80	\$ 261.80 11(d)
(e) Transfers From Authorized Committees of the Candidate identified in this Report (Schedule A-4)	\$ 0.00	\$ 0.00 11(e)
(f) Itemized Monetary Contributions received in excess of \$10,000 from source not associated with the candidate or committee (Schedule A-7)	\$ 0.00	\$ 0.00 11(f)
(g) Total Contributions (Other than Loans) [add lines 11(a), (b), (c), (d), (e) and (f)]	\$ 2,201.80	\$ 2,201.80 11(g)
12. SALES AND COLLECTIONS (Schedule C)	\$ 0.00	\$ 0.00 12
13. LOANS		
(a) Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 13(a)
(b) Loans from other source made to the Committee (Schedule E-1)	\$ 4,000.00	\$ 4,000.00 13(b)
(c) Total Loans [add Lines 13(a) and (b)]	\$ 4,000.00	\$ 4,000.00 13(c)
14. OTHER RECEIPTS (Dividends, Interest, etc.) (Schedule A-5)	\$ 0.00	\$ 0.00 14
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6)	\$ 0.00	\$ 0.00 15
16. TOTAL RECEIPTS [add Lines 11(g), 12, 13(c), 14 and 15]	\$ 6,201.80	\$ 6,201.80 16
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B)	\$ 2,189.86	\$ 2,189.86 17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES (Schedule B-1)	\$ 0.00	\$ 0.00 18
19. LOAN REPAYMENTS:		
(a) Of Loans owed By the Committee to the Candidate (Schedule E)	\$ 0.00	\$ 0.00 19(a)
(b) Of Loans from other source made to the Committee (Schedule E-1)	\$ 4,000.00	\$ 4,000.00 19(b)
(c) Total Loan Repayments [add Lines 19(a) and 19(b)]	\$ 4,000.00	\$ 4,000.00 19(c)
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Organizations Other Than Political Committees (Schedule B-2)	\$ 0.00	\$ 0.00 20(a)
(b) Political Party Committees (Schedule B-3)	\$ 0.00	\$ 0.00 20(b)
(c) Other Political Committees and PACs (Schedule B-4)	\$ 0.00	\$ 0.00 20(c)
(d) Total Contribution Refunds [add Lines 20(a), (b), and (c)]	\$ 0.00	\$ 0.00 20(d)
21. OTHER EXPENDITURES		
(a) Independent Expenditures (Schedule B-5)	\$ 0.00	\$ 0.00 21(a)
(b) Offsets to Receipts (Schedule B-6)	\$ 0.00	\$ 0.00 21(b)
(c) Total Other Expenditures [add Lines 21(a), and 21(b)]	\$ 0.00	\$ 0.00 21(c)
22. TOTAL EXPENDITURES [add Lines 17, 18, 19(c), 20(d), and 21(c)]	\$ 6,189.86	\$ 6,189.86 22
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	6,201.80
25. SUBTOTAL (add Lines 23 and 24)	\$	6,201.80
26. TOTAL EXPENDITURES THIS PERIOD (from Line 22)	\$	6,189.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	\$	11.94

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

1. Full Name, Mailing Address and Zip Code James Mason 614 North First Street, Apt. 404 , Minneapolis , MN 55401	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/02/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Information Requested Information Requested , Information Requested , MN 55401		
Aggregate Year-To-date		\$ 30.00	
2. Full Name, Mailing Address and Zip Code Brittany Garcia 800 John Caryle Street, Apt. 42, Alexandria , VA 22314	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input checked="" type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/08/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Name and Address of Employer		
Aggregate Year-To-date		\$ 30.00	
3. Full Name, Mailing Address and Zip Code Jaisie Stevens 1401 Tuckerman Street, NW , Washington , DC 20011	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/08/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Physical Therapist Name and Address of Employer Information Requested Information Requested , Washington , DC 20011		
Aggregate Year-To-date		\$ 30.00	
4. Full Name, Mailing Address and Zip Code Kevin Jacobs 25 Van Buren Street, Apt. 2B , Brooklyn , NY 11221	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/10/2017	Amount of Each Receipt This Period \$ 300.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Information Requested Information Requested , Information Requested , NY 11221		
Aggregate Year-To-date		\$ 300.00	

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

5. Full Name, Mailing Address and Zip Code Akeem Franklyn 131 Hudson Drive , Phoenixville , PA 19460	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/15/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Project Management Name and Address of Employer Information Requested Information Requested , Information Requested , PA 19460		
Aggregate Year-To-date			\$ 30.00
6. Full Name, Mailing Address and Zip Code Whitney Larkin 1106 Fern Lane , Katy , TX 77493	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/15/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Clark, Love & Hutson GP 440 Louisiana Street, Suite 1600, Houston , TX 77002		
Aggregate Year-To-date			\$ 50.00
7. Full Name, Mailing Address and Zip Code Sean Preston 2 Stoney Ridge Road , Medway , MA 02053	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/15/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self-Employed- Legal Operations Management, PLLC 981 E. Birch Avenue , Colville , WA 99114		
Aggregate Year-To-date			\$ 50.00
8. Full Name, Mailing Address and Zip Code Morgan Kimble 14700 4th Street , Laurel , MD 20707	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/17/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Outbound Operations Area Manager Name and Address of Employer Information Requested Information Requested , Information Requested , MD 20707		
Aggregate Year-To-date			\$ 200.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

9. Full Name, Mailing Address and Zip Code Anani Kuevey 11374 Cherry Hill Rd Unit 204, Beltsville, MD 20705	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/18/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Human Resources Professional Name and Address of Employer Information Requested Information Requested , Information Requested , MD 20705		
Aggregate Year-To-date			\$ 250.00
10. Full Name, Mailing Address and Zip Code Roland Blackman 224 Castleton Place , Upper Marlboro, MD 20774	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/18/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Information Requested Information Requested , Washington, DC 20774		
Aggregate Year-To-date			\$ 200.00
11. Full Name, Mailing Address and Zip Code Dionne Wright 6278 Newport Ct, Frederick, MD 21701	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/19/2017	Amount of Each Receipt This Period \$ 10.00
Contributor Type Individual	Occupation Contracting Officer Name and Address of Employer Information Requested Information Requested , Information Requested , MD 21701		
Aggregate Year-To-date			\$ 10.00
12. Full Name, Mailing Address and Zip Code Miatta Thomas 720 13th Street NE, Washington, DC 20002	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 03/27/2017	Amount of Each Receipt This Period \$ 250.00
Contributor Type Individual	Occupation Attorney Name and Address of Employer Self-Employed 720 13th Street NE, Washington, DC 20002		
Aggregate Year-To-date			\$ 250.00

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

13. Full Name, Mailing Address and Zip Code Ronald Edwards 3788 Richmond Ave, Apt 1329, Houston, TX 77046	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/11/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Senior Financial Analyst Name and Address of Employer Information Requested Information Requested , Information Requested, TX 77046		
Aggregate Year-To-date		\$ 30.00	
14. Full Name, Mailing Address and Zip Code Philip Hampton 1439 Juniper Street NW, Washington, DC 20012	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 04/21/2017	Amount of Each Receipt This Period \$ 200.00
Contributor Type Individual	Occupation Lawyer Name and Address of Employer Haynes & Boone LLP 800 17th Street NW, Washington, DC 20006		
Aggregate Year-To-date		\$ 200.00	
15. Full Name, Mailing Address and Zip Code Ricardo Anderson 1021 Piedmont Ave NE, Palm Bay, FL 32907	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/09/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Engineer Name and Address of Employer Northrop Grumman Corporation 2000 W Nasa Blvd , Melbourne, FL 32904		
Aggregate Year-To-date		\$ 100.00	
16. Full Name, Mailing Address and Zip Code Adrian Datu 5 Castle Court, Trenton, NJ 08620	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 05/15/2017	Amount of Each Receipt This Period \$ 30.00
Contributor Type Individual	Occupation Physical Therapist Name and Address of Employer Information Requested Information Requested , Trenton , NJ 08620		
Aggregate Year-To-date		\$ 30.00	
17. Full Name, Mailing Address and Zip Code Kenneth Chase 23808 Hollywood Rd, Leonardtown, MD 20650	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 06/04/2017	Amount of Each Receipt This Period \$ 100.00
Contributor Type Individual	Occupation Dentist Name and Address of Employer Self-Employed 23808 Hollywood Rd., Leonardtown , MD 20650		

ITEMIZED RECEIPTS FROM INDIVIDUALS/ORGANIZATIONS OTHER THAN COMMITTEES

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

	Aggregate Year-To-date			\$ 100.00
18. Full Name, Mailing Address and Zip Code Leigh-Amber Small 1717 E Capitol Street SE Apt 122, Washington, DC 20003	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)		Date (month, day, year) 06/09/2017	Amount of Each Receipt This Period \$ 50.00
Contributor Type Individual	Occupation Business Integration Specialist			
	Name and Address of Employer Information Requested Information Requested , Washington, DC 20003			
	Aggregate Year-To-date			\$ 50.00
TOTAL This Period (Aggregate of all Receipt pages)				\$ 1,940.00

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 02/23/2017	Amount of Each Receipt This Period \$ 49.00
Aggregate Year-To-date			\$ 58.20
	Contribution Type <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input type="checkbox"/> In Kind (Specify)	Date (month, day, year) 02/23/2017	Amount of Each Receipt This Period \$ 9.20
Aggregate Year-To-date			\$ 58.20
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 02/26/2017	Amount of Each Receipt This Period \$ 5.00
Aggregate Year-To-date			\$ 63.20
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 03/31/2017	Amount of Each Receipt This Period \$ 49.00
Aggregate Year-To-date			\$ 112.20
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Google Suite	Date (month, day, year) 04/02/2017	Amount of Each Receipt This Period \$ 1.93
Aggregate Year-To-date			\$ 114.13
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 04/23/2017	Amount of Each Receipt This Period \$ 49.00
Aggregate Year-To-date			\$ 163.13
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) website	Date (month, day, year) 04/30/2017	Amount of Each Receipt This Period \$ 15.00
Aggregate Year-To-date			\$ 178.13
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 05/23/2017	Amount of Each Receipt This Period \$ 9.67
Aggregate Year-To-date			\$ 187.80

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Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 06/27/2017	Amount of Each Receipt This Period \$ 29.00
Aggregate Year-To-date			\$ 216.80
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 06/30/2017	Amount of Each Receipt This Period \$ 15.00
Aggregate Year-To-date			\$ 246.80
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 06/30/2017	Amount of Each Receipt This Period \$ 15.00
Aggregate Year-To-date			\$ 246.80
	Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> In Kind (Specify) Campaign Website	Date (month, day, year) 07/29/2017	Amount of Each Receipt This Period \$ 15.00
Aggregate Year-To-date			\$ 261.80
TOTAL This Period (Aggregate of all Receipt pages)			\$ 261.80

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FULL Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

1. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 02/23/2017	Amount of Each Expenditure This Period \$ 49.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
2. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 02/26/2017	Amount of Each Expenditure This Period \$ 5.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
3. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/08/2017	Amount of Each Expenditure This Period \$ 1.17
Occupation	Name and Address of Employer		
4. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/08/2017	Amount of Each Expenditure This Period \$ 1.17
Occupation	Name and Address of Employer		
5. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/08/2017	Amount of Each Expenditure This Period \$ 1.17
Occupation	Name and Address of Employer		
6. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/10/2017	Amount of Each Expenditure This Period \$ 9.00
Occupation	Name and Address of Employer		
7. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/10/2017	Amount of Each Expenditure This Period \$ 58.30
Occupation	Name and Address of Employer		

8. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/15/2017	Amount of Each Expenditure This Period \$ 1.75
Occupation	Name and Address of Employer		
9. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/15/2017	Amount of Each Expenditure This Period \$ 1.17
Occupation	Name and Address of Employer		
10. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/15/2017	Amount of Each Expenditure This Period \$ 1.75
Occupation	Name and Address of Employer		
11. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/17/2017	Amount of Each Expenditure This Period \$ 6.10
Occupation	Name and Address of Employer		
12. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/18/2017	Amount of Each Expenditure This Period \$ 7.55
Occupation	Name and Address of Employer		
13. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/19/2017	Amount of Each Expenditure This Period \$ 0.59
Occupation	Name and Address of Employer		
14. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 03/27/2017	Amount of Each Expenditure This Period \$ 7.55
Occupation	Name and Address of Employer		
15. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 03/31/2017	Amount of Each Expenditure This Period \$ 49.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		

16. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 04/02/2017	Amount of Each Expenditure This Period \$ 1.93
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
17. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/11/2017	Amount of Each Expenditure This Period \$ 1.17
Occupation	Name and Address of Employer		
18. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 04/21/2017	Amount of Each Expenditure This Period \$ 6.10
Occupation	Name and Address of Employer		
19. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 04/23/2017	Amount of Each Expenditure This Period \$ 49.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
20. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 04/30/2017	Amount of Each Expenditure This Period \$ 15.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
21. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/09/2017	Amount of Each Expenditure This Period \$ 3.20
Occupation	Name and Address of Employer		
22. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/15/2017	Amount of Each Expenditure This Period \$ 1.17
Occupation	Name and Address of Employer		
23. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 05/15/2017	Amount of Each Expenditure This Period \$ 3.20
Occupation	Name and Address of Employer		

24. Full Name, Mailing Address and Zip Code Industrial Bank 4812 Georgia Avenue , Washington, DC 20011	Purpose of Expenditure Supplies	Date (month, day, year) 05/17/2017	Amount of Each Expenditure This Period \$ 121.70
Occupation	Name and Address of Employer		
25. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 05/23/2017	Amount of Each Expenditure This Period \$ 9.67
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
26. Full Name, Mailing Address and Zip Code Noel Isama 37 Quincy Place , Washington, DC 20001	Purpose of Expenditure Fund-raiser	Date (month, day, year) 05/24/2017	Amount of Each Expenditure This Period \$ 200.00
Occupation	Name and Address of Employer		
27. Full Name, Mailing Address and Zip Code Joi Bannister 13812 Doctor Edelen Drive , Accokeek , MD 20607	Purpose of Expenditure Fund-raiser	Date (month, day, year) 05/24/2017	Amount of Each Expenditure This Period \$ 148.50
Occupation	Name and Address of Employer		
28. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/04/2017	Amount of Each Expenditure This Period \$ 3.20
Occupation	Name and Address of Employer		
29. Full Name, Mailing Address and Zip Code Paypal 2211 North First Street , San Jose , CA 95131	Purpose of Expenditure Bank Fees	Date (month, day, year) 06/09/2017	Amount of Each Expenditure This Period \$ 1.75
Occupation	Name and Address of Employer		
30. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 06/27/2017	Amount of Each Expenditure This Period \$ 29.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
31. Full Name, Mailing Address and Zip Code Anaek Johal 12620 Green Briar Road , Potomac, MD 20854	Purpose of Expenditure Campaign Materials	Date (month, day, year) 06/27/2017	Amount of Each Expenditure This Period \$ 350.00
Occupation	Name and Address of Employer		

32. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 06/30/2017	Amount of Each Expenditure This Period \$ 15.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
33. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 06/30/2017	Amount of Each Expenditure This Period \$ 15.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
34. Full Name, Mailing Address and Zip Code Michael Christopher Malinics Jr 2301 Cathedral Ave NW Unit 304, Washington, DC 20008	Purpose of Expenditure Consultant	Date (month, day, year) 07/20/2017	Amount of Each Expenditure This Period \$ 500.00
Occupation	Name and Address of Employer		
35. Full Name, Mailing Address and Zip Code Nia Duggins 4220 Wynfield Drive , Owings Mills , MD 21117	Purpose of Expenditure Consultant	Date (month, day, year) 07/20/2017	Amount of Each Expenditure This Period \$ 500.00
Occupation	Name and Address of Employer		
36. Full Name, Mailing Address and Zip Code Alpha Bah 450 K Street NW , Washington, DC 20001	Purpose of Expenditure In-Kind	Date (month, day, year) 07/29/2017	Amount of Each Expenditure This Period \$ 15.00
Occupation Attorney	Name and Address of Employer Self-Employed 450 K Street NW , Washington, DC 20001		
TOTAL This Period (Aggregate of all expenditure pages)			\$ 2,189.86

SCHEDULE E-1
LOANS FROM OTHER SOURCES MADE TO THE COMMITTEE

Page 1 of 1 for Line Number 13b

Full Name of Committee (Name of Candidate, if Candidate is reporting)

Alpha Bah Esquire For Mayor

1. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment this period	Cumulative Payment to Date	Balance Outstanding at Close of this Period
Herman Jones 169 Chesapeake Street SW , Washington, DC 20032	\$ 2,000.00	\$ 2,000.00	\$2,000.00	\$ 0.00

Terms: Date Incurred: 03/08/2017 Date Due: 08/10/2017 Interest Rate: 0.00 % (apr) ☒ Secured

List All Endorsers or Guarantors (if any) to Item

a. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Guaranteed Amount Outstanding \$ 0.00	

2. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment this period	Cumulative Payment to Date	Balance Outstanding at Close of this Period
Jared Newberry 550 California Street , San Francisco , CA 94104	\$ 2,000.00	\$ 2,000.00	\$2,000.00	\$ 0.00

Terms: Date Incurred: 03/08/2017 Date Due: 06/01/2018 Interest Rate: 0.00 % (apr) ☒ Secured

List All Endorsers or Guarantors (if any) to Item

a. Full Name, Mailing Address and Zip Code	Name of Employer	
	Occupation	
	Guaranteed Amount Outstanding \$ 0.00	

TOTALS this period (Aggregate the Subtotals from all Loan Schedules) **\$ 0.00**

Carry Outstanding Loan Balance forward to Line 10 (a) on the Summary Page.